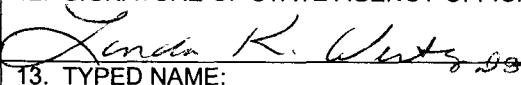
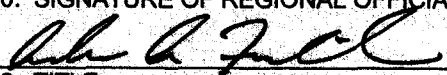


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <div style="text-align: center;">02 - 10</div>	2. STATE: <div style="text-align: center;">Texas</div>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <div style="text-align: center;">September 1, 2002</div>	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902 (a) (10) (A) (ii) (XVIII) and 1920B of the Social Security Act		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2002 \$ 241,330 b. FFY 2003 \$ 3,005,881	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT	
10. SUBJECT OF AMENDMENT: Amendment 629 provides full Medicaid benefits to women diagnosed under the Breast and Cervical Cancer Control Program who are uninsured, under age 65, and with incomes at or below 200 percent of the federal poverty level. The amendment also allows the state to extend presumptive eligibility to applicants in order to ensure that needed treatment begins as early as possible.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Sent to Governor's Office this date. Comment, if any will <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL be forwarded upon receipt.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Linda K. Wertz State Medicaid Director Post Office Box 13247 Austin, Texas 78711	
13. TYPED NAME: Linda K. Wertz			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: August 9, 2002			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="text-align: center;">08/12/2002</div>		18. DATE APPROVED: <div style="text-align: center;">10/15/2002</div>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">09/01/2002</div>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Andrew A. Fredrickson		22. TITLE: Associate Regional Administrator Division of Medicaid	
23. REMARKS:			

STATE: Texas

Citation

Groups Covered

B. Optional Coverage Other Than the
Medically Needy (Continued)

1902 (a) (10) (A)
(ii) (XVIII) of the Act

XXX 21. Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that ACT and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section (2701 9c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

STATE <u>Texas</u>	A
DATE REC'D <u>08-12-2002</u>	
DATE APPV'D <u>10-15-2002</u>	
DATE EFF <u>09-01-2002</u>	
HCFA 179 <u>TX-02-10</u>	

TN No. 02-10
Supersedes
TN No. _____

Approval Date: 10-15-02

Effective Date: 09-01-2002

SUPERSEDES: NONE - NEW PAGE

STATE: Texas

Citation

Groups Covered

B. Optional Coverage Other Than the
Medically Needy (Continued)

1920B of the Act

XXX 22. Women who are determined by a "qualified entity" (as defined in 1920B (b)) based on preliminary information, to be a woman described in 1902 (aa) of the Act, relating to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid or, if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

STATE <u>Texas</u>	A
DATE REC'D <u>08-12-2002</u>	
DATE APPV'D <u>10-15-2002</u>	
DATE EFF <u>09-01-2002</u>	
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